



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VENDOR INFORMATION DATA

Purchasing Section
P.O. Box 236
Jefferson City, Missouri 65102
Telephone: (573) 526-3268 Fax: (573) 522-8407

BUSINESS NAME AS FILED WITH THE IRS							
TAXPAYER ID TYPE <input type="checkbox"/> FEIN <input type="checkbox"/> SSN		TAXPAYER IDENTIFICATION NUMBER OR SSN		NOT FOR PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No			
TAXPAYER MINORITY STATUS See http://oa.mo.gov/purch/mbewbe.htm for more information.							
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Not Applicable			MISSOURI MBE/WBE CERTIFICATION NUMBER				
POST OFFICE BOX		STREET ADDRESS					
CITY		STATE	ZIP CODE	COUNTY			
TELEPHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS FOR NOTIFICATION OF BIDS			
PAYMENT INFORMATION (IF DIFFERENT THAN ABOVE)							
BUSINESS NAME							
POST OFFICE BOX		STREET ADDRESS					
CITY		STATE	ZIP CODE				
CONTACT		TELEPHONE NUMBER		FAX NUMBER			
The Office of Administration mandates all vendors to use Automatic Deposit for payment. That form can be found on-line at the following web address: http://oa.mo.gov/acct/vendor_ach_eftd.pdf .							
CHIEF EXECUTIVE OFFICER							
FULL NAME							
TITLE		TELEPHONE NUMBER			EXTENSION		
CONTRACT INTERESTS (X THOSE THAT APPLY)							
<input type="checkbox"/>	Banking Services	<input type="checkbox"/>	Cable-TV-Satellite	<input type="checkbox"/>	Canteen Resale (Specify Below)	<input type="checkbox"/>	Case Management Services
<input type="checkbox"/>	Commodity (Specify Below)	<input type="checkbox"/>	Crime Victim Impact Services	<input type="checkbox"/>	Curriculum Development (Specify Below)	<input type="checkbox"/>	Education Services (Specify Below)
<input type="checkbox"/>	Electronic Monitoring Services	<input type="checkbox"/>	Employment Readiness Services	<input type="checkbox"/>	Fee Collection Services	<input type="checkbox"/>	Forensic/Lab Services
<input type="checkbox"/>	Interactive Voice Recognition Services	<input type="checkbox"/>	Janitorial Services	<input type="checkbox"/>	Legal Library Services	<input type="checkbox"/>	Life Skills Services
<input type="checkbox"/>	Medical Services	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	Parenting Skills Services	<input type="checkbox"/>	Pest Control Services
<input type="checkbox"/>	Polygram Exam Services	<input type="checkbox"/>	Reentry-Community Services	<input type="checkbox"/>	Residential/Transitional Services	<input type="checkbox"/>	Security System
<input type="checkbox"/>	Sex Offender Treatment	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	Trash Removal Services	<input type="checkbox"/>	Vaccinations/TB Testing
<input type="checkbox"/>	Vending Services	<input type="checkbox"/>	Other (Specify Below)	For service interests, specify the county(ies) you are willing to provide services or indicate statewide:			
OTHER - SPECIFY							
BUSINESS WEBSITE (IF APPLICABLE)							
NOTE: Updates to the MO DOC database will only occur with the completion of the Purchasing Section's receipt of this form. Additions and/or corrections to the Office of Administration Vendor Profile must be made on-line at https://www.moolb.mo.gov .							
SUBMITTED BY						DATE	